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86344 7590 08/02/2010

Syngenta Crop Protection, Inc.,  
 Patent and Trademark Department  
 410 Swing Road  
 Greensboro, NC 27409

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/581,176	01/29/2007	Jerome Cassayre	70314/UST	1583

TITLE OF INVENTION: SPIROPIPERIDINE DERIVATIVES FOR CONTROLLING PESTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/02/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
AULAKH, CHARANJIT	1625	514-278000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William A. Teoli, Jr.  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Syngenta Crop Protection, Inc.

Greensboro, North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1676 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature William A. Teoli, Jr. / WAT

Date November 2, 2010

Typed or printed name William A. Teoli, Jr.

Registration No. 33,104

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